

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON DIRECTOR

November 8, 2018



Re: CD or Transcript for Docket #<u>18-006126;</u> Hearing held on August 6, 2018

Dear

The Michigan Administrative Hearing System (MAHS) received your request for a transcript or compact disc (CD) audio copy of **Example 1** hearing. A CD of **Example 1** hearing is available to a party to the hearing, at no cost, but **<u>a CD is not an official hearing</u> <u>record of the proceedings.</u>** If you would like a CD of the hearing, please complete the attached form and send it to the address indicated on the form.

A transcript is a written copy of the hearing recording which is typed by a state-certified transcription agency. The transcript does not include exhibits that are part of the official hearing record. All questions regarding the processing, pricing, and certification of the transcript should be directed to:

Legally Correct Transcription, Inc. 2563 Koala Drive East Lansing, MI 48823 (517) 332-1234 http://legallycorrecttranscription.com/

MAHS does not process or pay for transcripts.

Sincerely,

Alice C. Elkin Administrative Law Manager Benefit Services Division

cc: Lisa Gigliotti, Director Benefit Services Division

STATE OF MICHIGAN Michigan Administrative Hearing System

Invoice and Order form for Certified Record or CD

Requested By (name and address to be mailed): **Referring Agency:** LARA/MAHS **Description of Request:** Name of case: MAHS Docket No .: Hearing date: Administrative Law Judge: * If requesting a copy of a hearing on CD please note that the CD does not constitute the OFFICIAL RECORD in the matter. (MAHS does not produce transcripts. Transcripts must be ordered separately through Legally Correct, LLC) Charges, if applicable: Certified Record: No charge for circuit court and parties x \$ \$ Number of Pages Cost Per Page NO COST TO CD burn/mail cost: x \$ \$ PARTIES Number of Copies Cost Per CD Other Charges: \$ Specify Send copy of this form and check or money order, **Total Charges:** \$ payable to "State of Michigan," to address entered below: Agency sending this invoice must enter their mailing address in this box. Prepaid Amount: STATE OF MICHIGAN Michigan Administrative Hearing System P.O. Box 30639 Lansing, MI 48909 - 0-\$ PAY THIS AMOUNT:

For MAHS processing only	Date Request received:		Date Record or CD mailed:	
Completed By:	By:		Date:	
Bureau: Michigan Administrative Hearing Syst	em Div	vision: BSD		Telephone

	Number: